

EXPRESS MAIL NO. EV719391435US

**TRANSMITTAL  
FORM***(To be used for all correspondence  
after initial filing)*

Application Number	10/010,742
Filing Date	November 30, 2001
First Named Inventor	Davin C. Dillon
Art Unit	1637
Examiner Name	Teresa E. Strzelecka
Attorney Docket No.	210121.491C7

**ENCLOSURES (check all that apply)**

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form  | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to TC                                     |
| <input checked="" type="checkbox"/> Fee Attached  | <input type="checkbox"/> Request for Corrected Filing Receipt                            | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences              |
| <input type="checkbox"/> Amendment/Response   | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> ) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition  | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)  | <input type="checkbox"/> Petition to Convert to a Provisional Application                | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request  | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input checked="" type="checkbox"/> Return Receipt Postcard                                      |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Declaration   | <input type="checkbox"/> Other Enclosure(s) ( <i>please identify below</i> ):                    |
| <input checked="" type="checkbox"/> Second Supplemental Information Disclosure Statement; Form PTO-1449 | <input type="checkbox"/> Statement under 37 CFR 3.73(b)                                  | _____  |
| <input checked="" type="checkbox"/> 2 Cited References  | <input type="checkbox"/> Terminal Disclaimer   | _____  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   | <input type="checkbox"/> Request for Refund  | _____  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53                            | <input type="checkbox"/> CD, Number of CD(s) _____                                       | _____  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application                               | <input type="checkbox"/> Landscape Table on CD   | _____  |

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	Julie A. Urvater, Ph.D., Patent Agent		
Date	September 2, 2005	Reg. No.	50,461

**CERTIFICATE OF TRANSMISSION/MAILING****VIA EXPRESS MAIL**

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1687232

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**Complete if Known**

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# **FREE TRANSMITTAL** **for FY 2005**

☐ Applicant claims small entity status. See 37 CFR 1.27

**AMOUNT OF PAYMENT (\$)** **180.00**
**METHOD OF PAYMENT (check all that apply)**

- ☒ **Check**    ☐ Credit Card    ☐ Money Order    ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account    Deposit Account Number: 19-1090    Deposit Account Name: Seed IP Law Group PLLC  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, **except for the filing fee**  
☐ Charge any additional fee(s) or underpayments    ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
_____ -20 or HP = _____	X	= _____	_____	Fee (\$)
HP = highest number of total claims paid for, if greater than 20				Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ -3 or HP = _____	X	= _____	_____

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**


If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ -100 = _____	/50 = _____	(round up to a whole number) x _____	_____	_____

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>Fee to Consider IDS after Final Action</u>	<b>180.00</b>

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	50,461	Telephone	206-622-4900
Name (Print/Type)	Julie A. Urvater, Ph.D., Patent Agent				Date
					September 2, 2005